

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10105

**Entity Name:** BSA LIFESTRUCTURES INC.

**Current Principal Place of Business:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240 US

**FEI Number:** 35-1323170

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DAVIS, MELISSA  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            SECRETARY  
Name            DOWNEY, KEVIN L  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            TREASURER  
Name            BISCHOFF, JEFFREY R.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            DIRECTOR  
Name            DAVIS, MELISSA G.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            DIRECTOR  
Name            DOWNEY, KEVIN L.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            DIRECTOR  
Name            JACKSON, SAMUEL P.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            DIRECTOR  
Name            SELKE, DEREK L.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title            DIRECTOR  
Name            SPENCE, TIMOTHY J.  
Address        9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KERRY M. DUNN

**CHIEF FINANCIAL  
OFFICER**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BISCHOFF, JEFFREY R.  
Address 9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR  
Name TOKEN, KEVIN  
Address 9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240

Title CFO  
Name DUNN, KERRY M.  
Address 9365 COUNSELORS ROW  
City-State-Zip: INDIANAPOLIS IN 46240